



**CITY OF MILWAUKEE
OFFICE OF SMALL BUSINESS DEVELOPMENT
CONTRACTOR COMPLIANCE PLAN
(FORM A)**

This compliance plan must be completed in its entirety and is a **required** submission with an Invitation to Bid or a Request for Proposal regardless of M/W/SBE participation or the lack thereof.

I. GENERAL INFORMATION (REQUIRED)

BID # / RFP # _____ Description: _____	<div style="text-align: center; margin-bottom: 10px;">Participation</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">SBE _____</td><td style="width: 50%; padding: 5px;">_____ %</td></tr></table> <p style="text-align: right; margin-top: 5px;">SBE - Small business enterprise</p>	SBE _____	_____ %
SBE _____	_____ %		

II. PRIME CONTRACTOR INFORMATION (REQUIRED)

Contractor Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Print Name: _____ Title: _____

III. ACKNOWLEDGEMENT (REQUIRED)

I certify that the information included in this Compliance Plan is true and complete to the best of my knowledge. I further understand and agree that this compliance plan is a condition of my Bid/RFP responsiveness. Failure to submit this form and/or meet the specified M/W/SBE requirements may render the Bid/RFP unresponsive.

Name of Authorized Representative: _____ Title: _____

Signature: _____ Date: _____

FOR STAFF USE ONLY

Purchasing Agent Signature: _____ Date: _____

Contracting Department: _____

Reviewed by: _____ Title: _____

Phone: _____ Date: _____

Data entered by OSBD Staff: _____ Date: _____

List all subcontractor information in its entirety. Only SBE firms certified through the City Of Milwaukee Office of Small Business Development will be counted towards specified SBE requirements. Please visit the OSBD website www.milwaukee.gov/osbd for a complete list of certified firms.

IV. SUBCONTRACTOR INFORMATION

Subcontractor Name: _____

Work performed / Materials supplied: _____

Proposed Award: \$_____ / _____%

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Owner/Representative Signature: _____ Date: _____

Subcontractor Name: _____

Work performed / Materials supplied: _____

Proposed Award: \$_____ / _____%

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Owner/Representative Signature: _____ Date: _____

Subcontractor Name: _____

Work performed / Materials supplied: _____

Proposed Award: \$_____ / _____%

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Owner/Representative Signature: _____ Date: _____

PLEASE DUPLICATE AS NEEDED TO PROVIDE ADDITIONAL SUBCONTRACTOR INFORMATION

Department of Administration - Business Operations Division
Office of Small Business Development
City Hall, Room 606
200 East Wells Street
Milwaukee, WI 53202
Information Line: 414-286-5553 Fax: 286-8752
www.milwaukee.gov/osbd